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1-0002 U.S. PTO

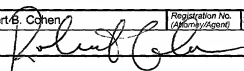
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	SEE 3.0-105
		First Inventor	Hidetaka Magoshi
		Title	PARALLEL ARITHMETIC APPARATUS, etc.
		Express Mail Label No.	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		EL807554709US	
APPLICATION ELEMENTS		ADDRESS: Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit on original, and a duplicate for processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 34]	a. <input type="checkbox"/> Computer Readable Form (CRF)		
(preferred arrangement set forth below)	b. <input type="checkbox"/> Specification Sequence Listing on:		
- Descriptive title of the invention	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or		
- Cross Reference to Related Applications	ii. <input type="checkbox"/> paper		
- Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Reference to sequence listing, a table, or a computer program listing appendix	ACCOMPANYING APPLICATIONS PARTS		
- Background of the invention	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
- Brief Summary of the invention	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)		
- Brief Description of the Drawings (if filed)	11. <input type="checkbox"/> English Translation Document (if applicable)		
- Detailed Description	12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449		
- Claims	13. <input type="checkbox"/> Preliminary Amendment		
- Abstract of the Disclosure	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
5. <input type="checkbox"/> Oath or Declaration [Total Pages]	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent		
a. <input type="checkbox"/> Newly executed (original or copy)	17. <input checked="" type="checkbox"/> Other: Unexecuted Declaration		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)			
<input type="checkbox"/> DELETION OF INVENTOR(S)			
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____			
Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
000530			
Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	
Name (Print/Type) Robert B. Cohen	Registration No. (Attorney/Agent)	32,768	
Signature _____	Date	November 1, 2001	

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FEE TRANSMITTAL for FY 2002		Complete if Known																																																																																																																																																																																										
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110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																								
SUBTOTAL (2) (\$)					336.00																																																																																																																																																																																							
SUBTOTAL (2) (\$) 336.00 **or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00																																																																																																																																																																																										
SUBMITTED BY Name (print/type) Robert E. Cohen Signature 		Complete (if applicable) Registration No. (Attorney/Agent) 32,768 Telephone (908) 518-6316 Date November 1, 2001																																																																																																																																																																																										